

**County of San Bernardino
Department of Behavioral Health**

Medication Support *Only* Case Policy

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Policy It is the policy of the Department of Behavioral Health (DBH) to provide adequate psychiatric care, that includes follow-up services, to clients who are considered psychiatrically stable and do not require on-going counseling or treatment at the outpatient level. All clinics of the department are to apply the standards herein.

Note: Processes discussed herein do not apply to minors under the age of eighteen (18).

Purpose To establish proper guidelines for determining and monitoring clients not in need of treatment services, other than medication support, and to ensure quality of care to all DBH clients.

Definition **Decompensation:** Significant deterioration in overall functioning and/or behavior requiring additional out-patient services; or increase in frequency of follow-up visits, or crisis intervention to prevent placement at a higher level of care, such as an acute psychiatric hospital or long term locked facility.

**Medication
Only Case
Qualifications** A client who has been stable for at least one (1) year will be considered a candidate for a *medication only* case.

Evidence proving stability includes:

- No inpatient hospitalization
 - No crisis intervention
 - No screening by emergency services
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Roles and Responsibilities

The following illustrates roles and responsibilities with regards to *medication only* cases:

Role	Responsibility
Psychiatrist	<ul style="list-style-type: none">• Select clients who can be treated with medication support services only• Periodically review entire caseload and determine which clients are stable enough to not require individual, group or any other mental health services• Review and update the diagnosis for each <i>medication only case</i> annually – even if the client is not on medication• Ensure the medication support services progress notes are complete and up-to-date• Ensure the following forms are complete and updated: Community Functioning Evaluation, AIMS scale, physical assessment, medication consent, Care Necessity form, Diagnosis sheet and Medicare form <p>Note: When there is a change in the psychiatrist assigned to a <i>medication only case</i>, the client must be re-evaluated by the new psychiatrist. The newly assigned psychiatrist will determine if the client is or is not in need of additional mental health services.</p>

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Clinic Supervisor	<ul style="list-style-type: none"> • Monitor chart compliance • Ensure that any chart deficiencies are corrected as soon as possible • Refer any compliance problems to the Director of Medical Services
Clinical Therapist	<ul style="list-style-type: none"> • Perform assessments to identify existing and continuing medication support needs utilizing all applicable forms and assessment tools (See list in <i>Psychiatrist</i> section above)
Clerical Staff	<ul style="list-style-type: none"> • Update a list of all clients on a <i>medication only</i> status semi-annually utilizing the Medication Only Case Log • Forward a copy of the log to the Clinic Supervisor, Program Manager, appropriate Deputy Director, Assistant Director and Director of Medical Services on January 15 and July 15 (or the first work day after these dates)

Discontinuance A *medication only* case is to be discontinued when one or more of the following occur:

- The client has reached decompensation to the point of requiring more-intensive treatment
 - The client is hospitalized in a psychiatric inpatient unit/facility
 - The client is in crisis and/or utilizes emergency services
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